

Express Mail Mailing Label No. EV631055076US

TRANSMITTAL FORM

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| Application Serial Number | 10/697,548 |
| Filing Date | October 30, 2003 |
| First Named Inventor | Levene |
| Group Art Unit | 2676 |
| Examiner Name | Sajous Wesner |
| Attorney Docket No. | SNS-015 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |


ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> PTOL-85 Part B Fee(s) Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Comments on Statement of Reasons for Allowance (2 pgs.) |
| | <input type="checkbox"/> CD(s) for large table or computer program | |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |

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PATENT

Atty. Docket No. SNS-015
(081028/ 158565)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Levene *et al.* CONF. NO.: 7583
SERIAL NUMBER: 10/697,548 ART UNIT: 2676
FILING DATE: October 30, 2003 EXAMINER: Sajous, Wesner
TITLE: Apparatus and Methods for Texture Mapping

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants approve Examiner's amendment of June 29, 2005. However, Applicants would like to note that in keeping with the Examiner's amendment, the Reasons for Allowance at page 3, line 19 to page 4, line 5 of the Notice of Allowance, should read as follows:

wherein the method further comprises ~~at least two of:~~

- (i) using an index corresponding to each of a plurality of jacks of the virtual object to identify texture elements to which surface elements of the virtual object are mapped; or
- (ii) allocating texture in the texture space for at least one newly-created jack of the virtual object following an object modification; and
- (iii) blending a set of texture layers corresponding to a first of a plurality of texture regions in the texture space and binding the blended texture to the graphics application during rendering of the first texture region.

Comments On Statement of Reasons for Allowance
Serial No. 10/697,548

If further clarification is required, the Examiner is cordially invited to contact Applicants undersigned representative at the number listed below.

Respectfully submitted,

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